

From: [Gutierrez, Aaron](#)
To: [Halverson, Beth](#); [Russell, Lindsey](#)
Cc: [Aslakson, Melinda](#); [Painter, Darren](#); [Harbour, Michael](#)
Subject: FW: WSAC and AWC Survey responses re LEOFF 1 Medical Reimbursement
Date: Tuesday, September 15, 2020 10:45:35 AM
Attachments: [image002.png](#)
[image004.png](#)
[image006.png](#)
[image008.png](#)
[image010.png](#)
[LEOFF 1 Board Responses Final - WSAC.pdf](#)
[LEOFF 1 Disability Board Survey.docx](#)

From: Mellani McAleenan <mmcaleenan@wsac.org>
Sent: Tuesday, September 15, 2020 10:37 AM
To: Schoesler, Sen. Mark <Mark.Schoesler@leg.wa.gov>; Fitzgibbon, Rep. Joe <Joe.Fitzgibbon@leg.wa.gov>; Braun, Sen. John <John.Braun@leg.wa.gov>; Conway, Sen. Steve <Steve.Conway@leg.wa.gov>; Hobbs, Sen. Steve <Steve.Hobbs@leg.wa.gov>; Ormsby, Rep. Timm <Timm.Ormsby@leg.wa.gov>; Schumacher, David <david.schumacher@ofm.wa.gov>; Stokesbary, Rep. Drew <Drew.Stokesbary@leg.wa.gov>; Volz, Rep. Mike <Mike.Volz@leg.wa.gov>; 'tracy.guerin@drs.wa.gov' <tracy.guerin@drs.wa.gov>; Davis, Randy <randy.paul.davis@gmail.com>; Kunze, Leanne <leannek@wfse.org>; Thompson, J. Pat <patt@council2.com>; Boesenberg, John <jboesenberg@sbctc.edu>; Creekpaum, Annette <annettec@masonpud3.org>; 'bolson@wallawallawa.gov' <bolson@wallawallawa.gov>
Cc: 'Candice Bock' <CandiceB@awcnet.org>; Gutierrez, Aaron <Aaron.Gutierrez@leg.wa.gov>; Mellani McAleenan <mmcaleenan@wsac.org>
Subject: WSAC and AWC Survey responses re LEOFF 1 Medical Reimbursement

Dear Senator Schoesler, Rep Fitzgibbon, and members of the SCPP –

You have an educational briefing on the reimbursement of LEOFF 1 Medical Benefits on today's meeting agenda. Both the Association of Washington Cities and the Washington State Association of Counties surveyed as many LEOFF 1 boards as possible; the results of those surveys are attached.

You'll see a general theme emerge from the responses: By and large, the responses indicate that it's possible but very difficult to pay providers directly due to additional paperwork and other limitation. However, most indicate a willingness and a history of working with individual members to find a way to make direct payments rather than reimbursement when necessary and possible.

We look forward to hearing Aaron's presentation and are happy to answer any questions you have for us. Both Candice Bock, AWC, and I have conflicting meetings this morning, but will be trying our best to join the meeting in time for this presentation. Given the responses we've received, we are of the belief that additional intervention via legislation or rulemaking is not needed at this time.

I apologize for not having addresses for all members; please forward to those I've missed if you can. Their addresses are not listed on the SCPP webpage.

Thank you,

Mellani McAleenan

Director of Government Relations & General Counsel
Washington State Association of Counties

206 10th Ave SE | Olympia, WA 98501-1311

O. 360.753.1886 | C. 253.353.3676 | D. 360.489.3015

mmcaleenan@wsac.org | www.wsac.org



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AWC LEOFF 1 Disability Board Survey Results

Background

In Washington state, there are 32 cities that have a LEOFF 1 Disability Board for former fire and police employees. These boards serve a vital role reviewing and approving all eligible disability and medical claims submitted by LEOFF 1 members. Typically, these boards are made up of elected officials, members or law enforcement or fire, and other members-at-large.

As LEOFF1 members have aged, most medical costs originate from long-term care services and facilities. Each board has established policies and procedures in place for managing and paying for these long-term care costs. In a recent survey conducted by AWC, LEOFF 1 Disability Boards from around the state provided insights into how these claims are managed. 19 boards, approximately 60% of cities with boards, responded to the survey.

Many LEOFF 1 Boards provide flexibility in managing bills or claims that are submitted for reimbursement. 45% of respondents allowed for either a provider to directly submit a claim to the board for payment or for the member to prepay for services before submitting a claim to the board for reimbursement. 50% of boards require that members be reimbursed for medical provider costs.

For recurring monthly bills for long-term care facilities, LEOFF 1 Boards split on managing those payments. 40% of responding boards require that members request reimbursement, 40% of boards will pay the facility directly, and 20% will allow either option. 40% of responding boards indicated that they hold meetings only bimonthly or less; however, boards indicated that they have adopted policies that allow for regular expenses to be paid outside of regular board meetings. Additionally, 80% of responding boards are willing to make exceptions to policies and procedures on a case-by-case basis.

For specific expenses at long-term care facilities, a majority of LEOFF 1 Boards specifically mentioned covering medical and caregiving costs, room, and board. Less than one-third of respondents covered security deposits or the first month's rent. A few boards use the Genworth Cost of Care survey tool to set a ceiling for covering long-term care costs.

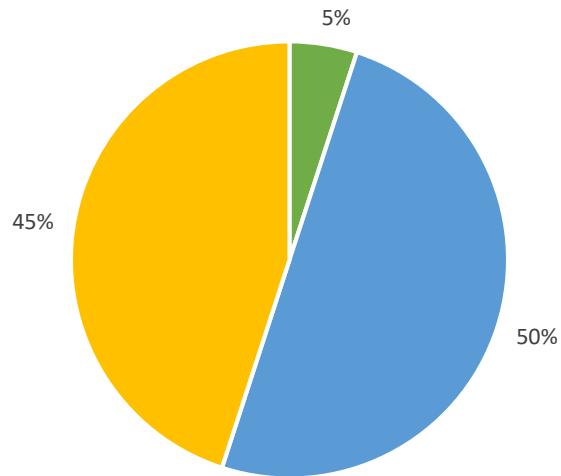
When asked about a state mandate requiring that payments be made directly to a long-term care facility, many responding boards raised concerns about potential for increased costs, delays in payments, and confusion of how payments would be made. A few boards felt that their current practices would not be impeded by such a mandate.

AWC Recommendation

Based on this information from the various boards and the fact that the Legislature granted Disability Boards extensive local authority, AWC is not in favor of state-wide rulemaking to create a one-size fits all approach to medical payments. Local boards, being primarily made up of retired members, know best how to meet the medical needs of the retirees. Additionally, it is clear from this feedback that the medical payment system is already complicated with the majority of boards working directly with retirees to meet their specific needs.

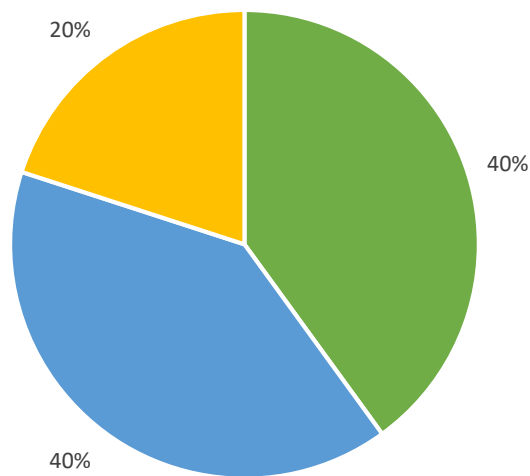
Survey Results

How does your board manage bills or claims submitted for reimbursements?

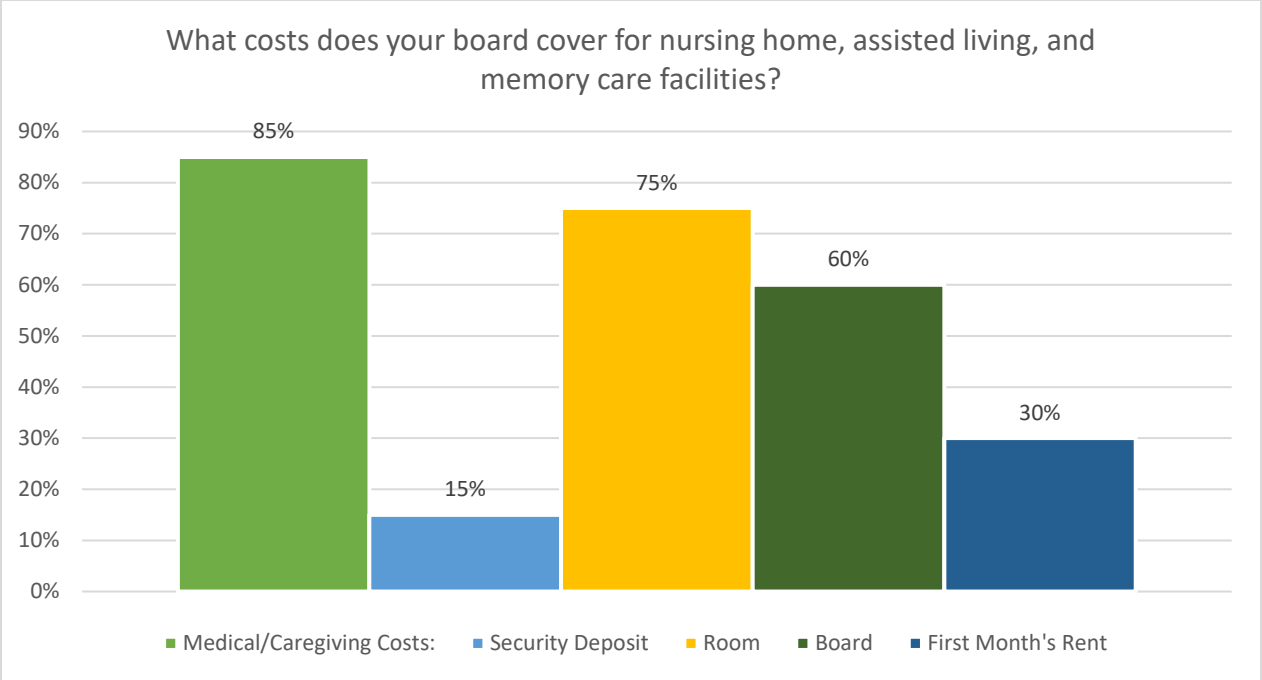


- Provider or caregiver submits claim directly to board for payment.
- Member or family must prepay providers or caregivers, then submit claim to board for reimbursement.
- Both options are allowed

For recurring approved nursing home, assisted living, or memory care facility monthly bills, do you allow the monthly statement/bill be sent directly to the Board for payment to the facility or do you require the member/retiree to request reimbursement f



- Member/Retiree requests reimbursement
- Pay the facility directly
- Both options are allowed

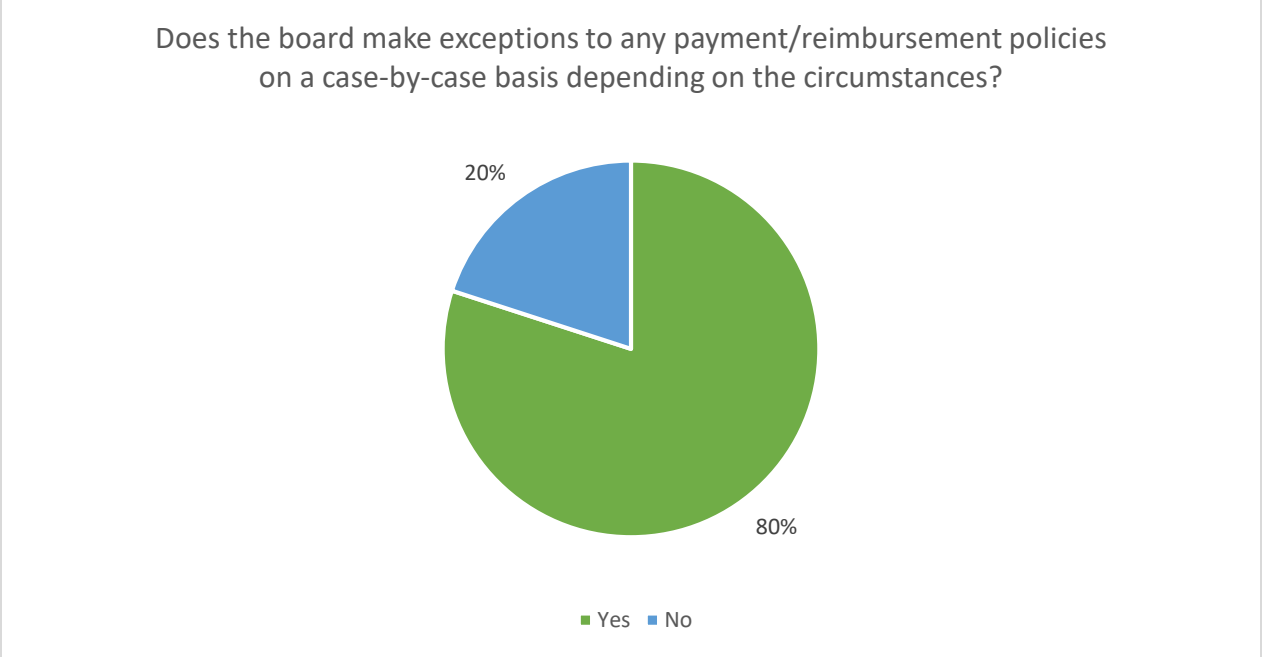


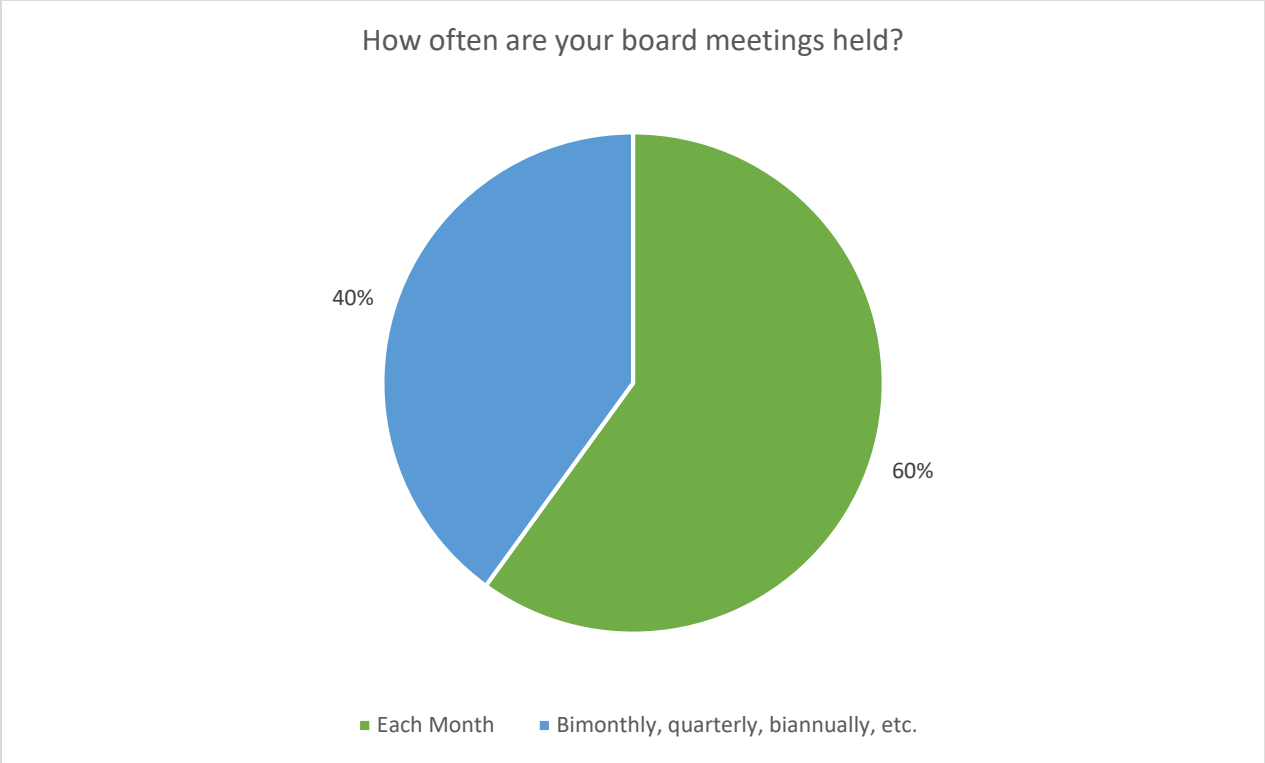
What costs does your board cover for nursing home, assisted living, and memory care facilities?

“Our members have long-term care insurance, so it is decided upon after insurance pays.”

“We use the Genworth Cost of Care Survey tool to set the amount for the area they live. That way, the family can shop around. If they want their family member in a Cadillac facility, they pay the amount over the average stated in the survey. This seems equitable and reasonable for all members.”

“[We] use the Genworth Cost of Care Survey for [the] most recent year. All costs if under the maximum benefit of the average cost in the member’s resident area are covered.”





How often are your board meetings held?

“We will meet if an invoice is in need of reimbursement.”

“As the Benefits Administrator (Licensed Disability Agent), I have the authority to pay bills within the scope of my license.”

“We have policies in place that allow HR to approve most typical reimbursements. Anything outside of those limits or policies go to the Board for approval. This can sometimes mean we hold special meetings if it’s something urgent.”

“The adopted policies and procedure manual explain what has pre-approval. Then the Board reviews and approves the register quarterly. If it’s an emergency, we call a special meeting.”

If the state mandated that payments must be made directly to a care facility or medical provider, what challenges or issues would that create?

“I believe there would be delays in making payments in a timely manner.”

“I think it may cause consumers (retirees) to be less conscious of cost which could lead to higher expenses for the city to reimburse. When a retiree has to pay first, they generally are likely to shop around and be more aware of cost/service provided.”

“Meeting the requirements by Finance and rules they are governed, usually entitles getting an I-9 from facility, creating a vendor in the system etc.”

“Some providers will only bill the patient directly. Some long-term care providers (facilities and in-home) require auto-pay through a checking account or credit card and our City does not pay vendors in that method.”

“Care facilities usually want to be paid for the month in advance. We cannot pay until the end of the month, after services are received.”

“Having facilities or medical providers understand that the LEOFF board is a second or third step for processing payment.”

“If it is regarding Long Term Care, we already ask that the care facility or medical provider bill us directly once it has been approved by the Board.”

“Ensuring that all other insurance and Medicare is billed first; however, we could verify that with the provider.”

“We would need to obtain a W9 for each individual facility or medical provider and because of the way our claim cycles work, we may not be able to meet their deadlines for payments, as there is often a 2-3 lag in getting payments issued.”

“For the care facility I see an issue with the bill being received timely and correctly for services rendered. For medical provider I see the problem of the coordination of benefits with the primary medical plan, in our case Medicare, prior to the bill being sent to the LEOFF 1 Board for payment.”

| Responding LEOFF 1 Disability Boards | | | |
|---|-------------|-----------|------------|
| Puyallup | Spokane | Bothell | Pasco |
| Pullman | Edmonds | Yakima | Kent |
| Everett | Wenatchee | Bellevue | Tacoma |
| Vancouver | Lynnwood | Bremerton | Marysville |
| Mercer Island | Walla Walla | Longview | |



REIMBURSEMENT OF LEOFF 1 MEDICAL BENEFITS - SURVEY

| County or Board Contact | Response to Moving to Direct Payment to Provider |
|---|--|
| <p>Heidi Hunt Adams County Auditor (509) 659-3250</p> | <p>LEOFF board meets less than every other month and review requests for reimbursement. They only have 3 members. They would have to meet monthly so bills were not late.</p> <p>Doesn't see how this could work practically. Would have to require members to sign HIPAA waivers and the like to make it ok to work with them. A lot are prescriptions filled at Walmart, who is not going to bill you. So would have to tell them they have go someplace else, which would upset them.</p> <p>We do pay some providers directly – insurance company lets them pay Blue Cross bill every month, long term policy, and Life Flight medivac.</p> <p>But when go to doctor there's a lot of extra paper and steps. If the person couldn't afford it upfront, they would work it out and likely pay directly.</p> <p>Never heard this being a problem. Members are really grateful and nice</p> |
| <p>Clerk/Treasurer, Steve Austin - City of Clarkston - saustin@clarkston-wa.com</p> <p>Commissioner, Chuck Whitman – Asotin County - cwhitman@co.asotin.wa.us</p> | <p>Unique situation. City within the county and must defer to the county due to their population but the county has no LEOFF 1 members. The city has 10. (is this high for the population?)</p> <p>County has to meet to tell city what they can do for their retirees. A direct payment plan – city money that county would be directing.</p> <p>They have had no complaints like this.</p> |

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| | <p>Do provide some direct insurance payment. No way to do Medicare premium directly, which is something they pay. City will also reimburse for RX and hearing aids, glasses, etc. No way to direct pay because county would be telling city how to spend their money. County already decides for city and city has no recourse. Would add one more layer of complexity.</p> <p>Also adds a level of complexity to mom and pop pharmacy that would have to submit the bill to the county and wait for all the county processes. Could take way too long for them.</p> <p>The autonomy of the board was the direction of the legislature – each board determines the level of benefits and payment.</p> <p>Currently, the city's payout is about 250K/year for the 10. Four qualify for LTC insurance, would be super expensive for the rest.</p> <p>One existing concern about the cost is that an employee could work for the city 1 year or 20 but the last employer they worked for foots the entirety of the bill Lots of inequity possible here.</p> |
| <p>Peggy Brown Peggy.Brown@co.benton.wa.us Benton County LEOFF Secretary</p> | <p>The County directly pays the ins/Rx premiums for the members. However, the members are reimbursed for their medical, dental, Rx expenses.</p> |
| <p>Margaret.walters@co.chelan.wa.us 509-667-6397</p> | <p>Currently we only reimburse the LEOFF I individual after they have paid. It would be more difficult to pay a physician directly at least for our payroll department as well as probably require more work for me. I do see merit in paying the first month of facility care directly and upfront as several members have had difficulties coming up with that kind of money upfront.</p> |
| <p>Tammy Sullenger HR Analyst Clallam County Human Resources & Risk Management</p> | <p>I am the Clerk of the Clallam County Disability Board. I will be pursuing the information requested below (response not yet received)</p> |

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| <p>Ph 360.417.2402 tsullenger@co.clallam.wa.us <u>us</u></p> | |
| <p>Maria Vergis Benefits Analyst HUMAN RESOURCES</p> <p>564.397.2473 Fax 360.397.2457</p> <p>Clerk for the Clark County LEOFF I Disability Board.</p> | <p>For Assisted Living and Home Health care services <u>that are not covered by insurance the county provides</u>, Clark County will reimburse the facility if we receive an assignment of benefits document from the member or their POA that gives us the authority to pay the facility directly. Additionally, the facility has to register as a supplier in our accounts payable system and provide IRS forms. If the Board approves the services but does not have the assignment of benefit authorization or the facility hasn't registered as a supplier, we will pay the retiree directly. Assisted living services are not covered by the medical insurance we provide.</p> <p>I'm not sure how to direct payment to a hospital or skilled nursing services would work because in many cases the member is required to pay the estimated out-of-pocket expenses after insurance before services will be provided. There is the potential for delayed treatment if payment is not received. We do have the same turn-around capacity for payment as insurance companies that are regulated by the Office of Insurance Commission. Additionally, our rules state the member must use all insurance sources first before they can submit a request for reimbursement.</p> |
| <p>Cindy Harris 509 382-4541 Columbia County</p> | <p>We have 1 member</p> |
| <p>Katrina Harris would be the primary contact/liaison for the Cowlitz County LEOFF I Disability Board, Harris, Katrina HarrisK@co.cowlitz.wa.us</p> <p>Sabrina Fraidenburg Human Resources Interim Director Cowlitz County</p> | <p>In regard to your question Katrina said there would be little to no impact, provided we can get some of our internal processes changed. Her office processes payment for some direct billings now, however, we have an internal process that restricts what services she can pay for from direct billing. I reached out to our Risk Manager regarding what it would take to change our internal process and she said it shouldn't be an issue. One hurdle that Katrina and I discussed was ensuring that the County received or was directly billed for the medical service provided, so there may be some transition time. However, as long as the bill is received the County would be able to pay the invoice with little to no additional work than it would be to reimburse a LEOFF I retiree, assuming our internal process is changed.</p> <p>---</p> <p>After discussion with Risk, Purchasing, and the Auditor's Office our internal process isn't actually internally driven. <i>The reason for the process is the IRS mandates 1099s for any medical payments, and the IRS</i></p> |

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| <p>(360) 414-5557</p> | <p>requires a W-9 on file for each vendor for a direct payment of medical expenses. As Katrina has discovered the billing area for these Doctor Offices and Hospitals are used to accepting payments, they are not used to providing W-9s or filling out our supplier form, which has created a lot of work usually resulting in being transferred to multiple people within their organization to get the information and ultimately delaying these payments. As of right now the Auditor's Office does not have a work around for this process. <i>It is doable, yes however not as easy as was first perceived.</i></p> |
| <p>Suanne Robbins Executive Assistant Douglas County Fire District No. 2/ Douglas County Disability Board (509) 884-6671 srobbins@douglasfire2.org</p> | <p>We haven't met since 2014</p> |
| <p>Carlee Nave, PHR, SHRM-CP Human Resources Director Franklin County Human Resources cnave@co.franklin.wa.us</p> | <p>My department supports Franklin County's LEOFF 1 disability board, so I can provide some insight for you. We have both scenarios at Franklin County. In most cases, we reimburse members for services, but in some cases (specifically insurance and supplement plans) we pay the bills directly, and in the past, we have paid long term care directly, with the bills coming directly to the County rather than the member.</p> <p>There are potentially three major issues with paying providers directly:</p> <ol style="list-style-type: none"> 1. The County cannot verify that the billing is accurate without member review, so the bill would still have to be provided by the member to the County, adding a step to the process and likely extending the timeframe for providers to receive payment, increasing potential costs due to late payment charges from providers who sometimes have tight timeframes required for payment. 2. When there is an issue with the billing, the provider will only deal with the member, so even if the bills came directly to the County for payment the member would have to be involved with resolving any issues, again likely increasing the timeframe for payments to be remitted. 3. A new vendor would have to be created and verified for each provider. While Franklin County only has a handful of LEOFF 1 members, I could see organizations with extensive LEOFF 1 membership really having an administrative burden in managing a multitude of vendors, increasing the possibility of fraud. |

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| | <p>Additionally, in my experience, members have a much greater urgency in submitting reimbursement requests than they do for direct payments. Again, this lack of urgency has the potential to increase costs especially as some providers have very tight timeframes for payment and significant late payment charges which would then have to be absorbed by the organization.</p> |
| <p>Molly Grays Harbor County</p> <p>Danice Wikander Disability Secretary dragland@co.grays-harbor.wa.us cell: 360.556.1258</p> | <p>The Disability board secretary is part-time, works only 10 hours a month, and does not have time nor access to do all these payments.</p> <p>The entity the person retired from pay directly – in this case, it's the only sheriff. It all goes through the department. The board only does what they have to do. If they were to pay, all their budget and staffing would need to increase and would need to have a lot of insurance etc. details</p> <p>Only have 14 members but Medicare is a nightmare. They generally have to go to the provider. Member signs that they will pay the bill. They are certifying they paid the doctor.</p> <p>Will work with LTC who email them well in advance to get through the process. It's a cash payment so they want it in advance. Could pay a month in advance to create a balance.</p> <p>Needs to be tailored to the individual needs of individual counties. They would try hard to accommodate a person in need.</p> <p>---</p> <p>Our policy is that the member pays the doctor or facility directly, then the city will reimburse them.</p> |
| <p>Bruce Rohm Island County LEOFF 1 Secretary Island County Human Resources 360.678.7975 b.rohm@islandcountywa.gov</p> | <p>The Island County LEOFF 1 disability board currently reimburses board members directly for qualified medical expenses when the expense is authorized and proper documentation is provided.</p> |

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| <p>Erin Lundgren, Clerk of the Board/Human Resources Manager Jefferson County elundgren@co.jefferson.wa.us</p> | <p>We currently do both; we pay most insurance premiums directly and any unpaid bills for covered services presented by the retiree. It varies by the individual retiree. It would be difficult to direct-pay for things like pharmacy co-pays unless vendors would bill us.</p> <p>I would like to add that in some cases services must be paid for by the member because of the timing of our Board meetings, and other emergent reasons, and then reimbursements are made to the member. Being able to do both seems to benefit both the county and the member.</p> |
| <p>Nicole Perkins Nicole.Perkins@kingcounty.gov</p> | <p>I supervise the LEOFF Claims Coordinator and the Board Coordinator at the county. After speaking with them both, I found that the King County Disability Retirement Board for LEOFF-1 does not always require members to pay for services and then submit for reimbursement. In general, most expenses are reimbursed after proof of payment with itemized statements or explanation of benefits are supplied. However, in some instances, the board will pre-approve expenses, i.e. assisted living expenses, extensive dental, etc. and in those cases, payments are made directly to the provider as a courtesy to retirees to avoid financial hardships.</p> |
| <p>Sally Lynch Risk Management Division slynch@co.kitsap.wa.us</p> <p>Nancy Buonanno Grennan nbgrenna@co.kitsap.wa.us</p> | <p>Since everyone goes to different providers, that would be an administrative nightmare. We are not set up to do that. If they want to go down that path, the state should run it out of the centralized PEBB and get us all out of it (akin to a 3rd party administrator) and just bill counties and cities each month.</p> <p>We do provide insurance coverage for our LEOFF I members w/relatively low out of pocket expenses (because we have to cover the full amount anyway). So, it is unlikely that members are out thousands of dollars, but I can find out from our LEOFF administrator what was the average reimbursement amount sought by our LEOFF I retirees. (Further response not yet received)</p> |
| <p>Judy Pless County Budget & Finance Manager judy.pless@co.kittitas.wa.us</p> <p>Sarah Gann, Clerk sarah.gann@co.kittitas.wa.us</p> | <p>We do have one exception - if the retiree is in a rehab/nursing home, we have agreed to pay the facility directly, and not require the retiree to pay it, but that happened about 10 years ago.</p> |

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| <p>Commissioner Brett Wachsmith brett.wachsmith.co@co.klickitat.wa.us</p> | |
| <p>Lee Snell, Executive Secretary/Clerk of the Board Klickitat County Commissioners 205 S. Columbus, Room 103 Goldendale, WA 98620 Phone: (509) 773-4612 Fax: (509) 773-6779 EMAIL ADDRESS: LeeS@klickitatcounty.org</p> | <p>The Klickitat County LEOFF I Board reimburses the member or the provider if an invoice is provided. Klickitat County provides medical insurance for their LEOFF I retirees and we only have 8, so I don't think it would be a hardship either way. If we had a larger number of members submitting bills it may add additional work by requiring vendors accounts to be created to pay providers directly. Our current policies would also need to be amended to reflect any legislative changes.</p> |
| <p>Diane Zoren 360-427-9670 ext 747 dlz@co.mason.wa.us</p> | <p>Mason County typically reimburses the LEOFF 1 member unless it is for a large amount (such as long term care). In those unique cases we have worked with our Auditor's office to set up a vendor account so the County can then direct pay. One of the reasons we don't do that for all bills is the Auditor's office has asked that we not set up a bunch of vendor accounts that may be used only one time. Reimbursing the member is a simpler process and we haven't had any issues. As stated, if we know it's a large expenditure, especially if it will be on-going, we have been able to work it out and pay directly. We do budget LEOFF 1 as a separate Current Expense department.</p> |
| <p>Okanogan County LEOFF board contact information Jim DeTro, Cmrs Rep. (509) 422-7100 Kreg Sloan, Law Enf.</p> | <p>Okanogan County LEOFF board approves requests for reimbursement from the retiree through the entity they retired from. The entity they retired from then pays the reimbursement directly from their funds once approved. Our LEOFF board budget is only for LEOFF board travel and supplies such for paper and postage. We also provide a budget in case a physician is required for a second opinion to determine disability. Our cities do not have their own LEOFF board so requests for reimbursement come to me as the LEOFF board clerk for LEOFF board approval.</p> |

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| <p>(509) 422-7729</p> <p>Nattalie Cariker, Mayor Rep. (509) 429-1350</p> <p>Byron Braden, At Large, Chairman (509) 997-4013</p> <p>Kevin Bowling, Fire Rep. (509) 826-0760</p> <p>Lalena Johns, Secretary (509) 422-7100</p> | |
| <p>Rachel Patrick Chief Accountant Pacific County Auditor 360.875.9311</p> | <p>We can pay whatever works for the member. But, because most payments are for prescriptions, would we pay the drug store? After the fact? I don't think that would work. Plus setting up the different vendors and for the cities, I just send the total per HIPAA so I don't know how that would work.</p> |
| <p>Christine Rahoun crahoun@pendoreille.org Pend Oreille County Commissioner Programs Civil Service Chief Examiner/Clerk Human Resources Assistant 509-447-6480</p> | <p>We reimburse the members directly for prescriptions and medical co-pays but pay the medical facilities directly for long-term/hospice care. Our policy reads, in part, "Itemized statements or billings will be submitted to the LEOFF-1 Clerk and payment will be paid directly to the provider." However, the Board has made reimbursements directly to the surviving spouse when the member was admitted and passed before the Board could meet and approve payments directly with the medical facility. We are a small population County with only two members (one County, and one City) so I don't think there would be much of an impact whether payment went to the facility or for reimbursement.</p> |
| <p>James Wolf jamesw@sanjuanco.com</p> | <p>San Juan County reimburses the LEOFF 1 members. We do not pay the medical providers directly.</p> |

Debi Van Camp,
Administrator
Skamania County Human
Resource
509-427-3705
vancamp@co.skamania.wa.us

I do it both ways. For me to pay directly, the LEOFF I member has to notify the facility that they can talk with me. I have to get a w-9 from them to set them up in our system. Some of the facilities are billing me directly for the member and I pay directly.

When a member goes to a new provider, we have to go through the process of getting the LEOFF 1 member to notify that provider they can talk with us regarding billing information and send bills directly to us.

I have to be able to dispute costs. I cannot do that unless the LEOFF I member has given that authority to the facility.

If the member pays directly, then I will reimburse them. Usually, these are new facilities and sometimes prescriptions. They have a difficult time getting the pharmacies to bill us so they pay and get reimbursed.

To me it is better to deal directly with the facility on discrepancies and if I need additional information for invoices before I can pay under the State Auditor requirements for what I have as a backup.

If you can legislatively make it so that the facility has to work with us directly, then paying them directly would be great. A standard authorization form required would be best. It seems that I get an authorization form signed by my members to be able to send to the facilities and they tell me they can't accept it, they have their own form that has to be completed. Sometimes they require them to be completed annually and that is a hassle.

Some LEOFF members are in a mindset that is hard to make them understand why they have to continually renew.

I only have 5 members that I deal with, so it is pretty easy for me. I am unsure of the effects it would have if I had 100 plus members to deal with.

My Board has authorized me to make the payments as long as they are standard payments and with the guidelines of the policy so that I do not have to take most payments to them to approve unless it is not explicit in our Board policy.

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| <p>Kristine Redmond, MM/HRM City of Spokane, Benefits Department 509.625.6531 kredmond@spokanecity.org</p> | <p>In reviewing the emails and the conversation with Dick Warbrouck, President of the Fire Fighter Council LEOFF 1, the discussion stems from a previous one Dick and I had at one of the WSLEA conferences. We spoke to the fact the City of Spokane is a first-class city, and we process medical claims as a third party insurance company.</p> <p>Therefore, we pay Long-term care billings as an insurance company; we pay all long-term care facilities direct with a few one-offs that come across my desk.</p> <p>My experience, working with some facilities on the west side, is they do not set up residential billings for third party insurance and prefer to set the account up as private pay. It falls under the facilities' policy and procedures for payments. I find the process more prominent on the west side of the state than the eastside.</p> <p>The facilities here in Spokane prefer to be paid direct, as municipalities under the LEOFF 1 Law are required to pay all medical expenses.</p> <p>We wrote this into our best practices to pay the facilities directly, as refunds are easily refundable in the following month after a retiree passes. Building a working relationship with the LTC is critical to the care of the residents who live in their facilities.</p> <p>As a licensed Disability Insurance Agent, we find the above process aligns with the Office of Commissioners.</p> |
| <p>Jaime Peniche, HR Generalist – Civil Service 425-388-3701 jaime.peniche@snoco.org</p> <p>Yvonne Chan, Human Resources 425-388-3600 Yvonne.chan@snoco.org</p> | <p>We require that our members pay their medical bills themselves. The member is required to submit their claims and our board reviews and approves or denies claims for reimbursement. Our members are allowed to submit bills for reimbursement up to one year after the medical service was provided. There have been a few exceptions where we have paid the provider directly when the amount was great and would present an undue hardship on the member to pay in advance and wait for reimbursement.</p> <p>-----</p> <p>In regard to how we reimburse, the answer is it depends. If the person is required to pay upfront by the vendor, we then reimburse. If the vendor will allow for the bill to come to the county, we will pay directly to the vendor.</p> |

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| | <p>In regards to impacts of requiring them to pay directly to the vendor rather than reimburse – There is additional work as Yvonne would have to get the W-9 from each vendor, set them up in the county's system, and then pay them. Currently, she only has to do this for vendors that allow us to pay directly to them for allowable services rendered.</p> |
| <p>Michelle Enright Clerk of the Board Stevens County Commissioners 509-684-3751 menright@stevenscountywa.gov</p> | <p>We are in the process of renewing it as all members expire the first of September. As I am new to this Board, I sat down yesterday, with the retired City of Colville Chief of Police Damond Meshishnek, who is a member of our LEOFF 1 Board and also receives benefits under LEOFF 1. He explained to me that the Board is only a hearing board. The cities and counties for the former employees are responsible to pay for all necessary medical needs that the insurance does not cover (this insurance is also provided by the respective city or county).</p> <p>If insurance refuses to pay, the employee goes to the employer to request that they pay the bill. If that employer refuses, the employee can appeal to the LEOFF 1 Board to request a hearing. The clerk convenes the Board for a hearing, and the retiree presents the medical bill(s) to the Board and explains why it was necessary medical treatment. A physician may also be present for the hearing to help determine if, in their opinion, the treatment was necessary.</p> <p>Damond stated that the Board doesn't pay the bill, or reimburse the retiree, or pay the medical facility. If it is determined by the Board that the treatment was necessary, a copy of the Board hearing minutes is sent to the past employer to pay the bill. He also stated that a representative of the agency (police, sheriff) is either a Board member or is invited to attend the hearing.</p> <p>If the Board decides the past employer need not pay, the past employee is on the hook to pay the bill.</p> |
| <p>Tara Wickline, Senior HR Analyst, Thurston County 360.867.2488 tara.wickline@co.thurston.wa.us</p> <p>Robin Campbell Assistant County Manager / Budget Director</p> | <p>The Thurston County LEOFF Disability Board does not handle any of the reimbursements/payments for our members. That is the responsibility of each employer under the Board's jurisdiction. I reached out to the Thurston County Sheriff's Office (as our largest employer) and learned that they handle payments both ways. Most often they reimburse the LEOFF I member directly, but they have sent payment directly to the provider on occasion.</p> <p>---</p> <p>Thurston County is doing both. No impact.</p> |

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| <p>Thurston County, Washington 360-709-3063 campber@co.thurston.wa.us</p> | |
| <p>Beth Johnson Clerk of the Board Wahkiakum Board of County Commissioners 360-795-8048</p> <p>Nicci Bergseng Wahkiakum County Auditor 360-795-3219 bergsengn@co.wahkiakum.wa.us</p> | <p>Wahkiakum County's LEOFF Board has a sole member and I believe that it reimburses that member for the most part.</p> |
| <p>Jill Munns jmunns@co.walla-walla.wa.us 509-524-2505</p> | <p>Over 50% of our members have the LEOFF 1 bill sent directly to our office for payment. The other 50% pay the bill first and then request reimbursement due to differing financial situations. When we had a member in a nursing home, we paid the bill directly to the nursing home. When we had a member getting in home care, then we paid the bill directly to the in home care agency. Please note we only have 7 LEOFF 1 members in the county so it may not be as big of an impact to us as it is to other counties.</p> |
| <p>Karen Goens KGoens@co.whatcom.wa.us</p> | <p>Setting up vendor relationships with individual providers would be an incredible administrative burden! We've been approached about this in the past.</p> |
| <p>Maribeth Becker, CMC, Clerk of the Board MaribethB@whitmancounty.net</p> | <p>The members are reimbursed for their medical expenses with receipts if the member personally pays the expense first. We also pay the vendor directly when necessary with appropriate documentation.</p> <p>I can see how this could cause a problem for our members more so than the county. Some of our members live out of state whereby insurances and providers operate differently. Some providers may</p> |

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| <p>Connie Ellis, Deputy Clerk of the Board</p> | <p>require all or a portion of payment at the time of service. The county cannot pay providers in advance of service.</p> |
| <p>Elise Benitez Yakima County ADA/FMLA Coordinator & LEOFF 1 Board Secretary (509) 574-2227 elise.benitez@co.yakima.wa.us</p> | <p>From the Yakima County LEOFF 1 Disability Board perspective in response to your question:</p> <ul style="list-style-type: none"> • We have a somewhat hybrid approach in how payment or reimbursement is made on behalf of our members. • In most cases, we reimburse the member directly for their medical expenses once they have made payment to the vendor and insurance has paid out their portion. • If a member is staying in an assisted living facility, we pay the facility directly and not the member. • As we are also responsible for medical premiums for our members - in most cases we pay the vendor directly but have in certain circumstances allowed members to pay the premium and submit a request to us for reimbursement. <p>While I do not have much of a preference, I will say that I do enjoy a hybrid approach such as the one we have in place now at Yakima County.</p> |

LEOFF Boards, Contacts



2020 Membership Roster.docx

Linda Alvar
 WSLEA Board Secretary
punkins39@yahoo.com
 425-330-1653

Whatcom County Memo, Sept. 2010



Admin Charges
Memo.pdf